



ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
SOLID WASTE SECTION - PROGRAM DEVELOPMENT & RECYCLING UNIT
3033 North Central Phoenix, Arizona 85012

SPECIAL WASTE MANIFEST

031996

GENERATOR	1. Generator's AZ ID No.	EXEMPT			
	2. Emergency Response Notification Phone Number	(800) 535-5053			
	3. Generator's Name and Mailing Address	SITE: 1414 DENKER ST. TORRANCE, CA.			
	BOEING REALTY CORP. 4060 LAKEWOOD BLVD. LONG BEACH, CA. 90808				
	Generator's Phone Number and Area Code	(310) 827-3014			
	4. Transporter 1 Company Name and Mailing Address	Transporter's AZ ID No.	300,745		
	BDC SWS 766 S. AVALON AVE CA. 91702	Transporter's Phone No.	65007 221-4232		
	5. Transporter 2 Company Name and Mailing Address	Transporter's AZ ID No.			
		Transporter's Phone No.			
	6. Primary Receiving Facility Name and Address (physical site location, if different)	Facility's AZ ID No.	301428		
COPPER MOUNTAIN LANDFILL AVENUE 35E, COUNTY 12TH ST. YUMA, AZ. 85356	Facility's Phone No.	(520) 782-6355			
7. Alternate Receiving Facility Name and Address (physical site location, if different)	Facility's AZ ID No.				
	Facility's Phone No.				
8. U.S. DOT description, (if applicable)(Non-DOT regulated materials enter shipping name, physical state and description of all contents of waste).	Mark "X" If Haz. Mat.	Containers No.	Total Quantity	Unit Wt/Vol	
NON RCRA HAZARDOUS WASTE SOLID (SOIL CONTAMINATED WITH METALS)		1	18	CY	
9. Additional information on transportation, treatment, storage, or disposal	WEAR PROPER PROTECTIVE EQUIPMENT. PROFILE # 12660				
10. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and governmental regulations.					
Printed/Typed Name	Signature	MO DAY YR			
S. M. Stavale	[Signature]	10 8 97			
11. Transporter 1 Acknowledgement of Receipt of Materials					
[Signature]					
Printed/Typed Name	Signature	MO DAY YR			
COKEE HADFIELD	[Signature]	10 10 97			
12. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name	Signature	MO DAY YR			
13. Discrepancy Indication Space					
AZ Non HAZ					
14. Facility Owner or Operator: Certification of receipt of special waste materials covered by this manifest except as noted in above item.					
Printed/Typed Name	Signature	MO DAY YR			
SHARON ROBERSON	[Signature]	10 10 97			